

St. Albans Health District

2012 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2014

 VERMONT
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of St. Albans Health District*

The next few pages describe the demographic makeup of St. Albans area adults in 2011-2012.

Half of St. Albans adults are female. More than two-thirds of adult St. Albans residents are 25-64, with one in six ages 65 and older.

- St. Albans residents report a similar age distribution to Vermont adults overall.

More than half of St. Albans area adults has a high school degree or less education.

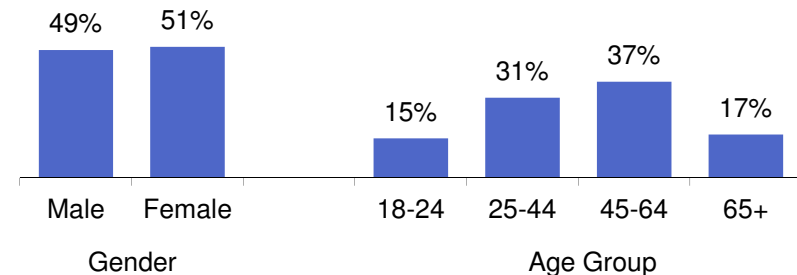
- St. Albans adults are significantly more likely than Vermont adults overall to have a high school degree or lower (52% vs. 41%) and less likely to have a college education or higher (20% vs. 31%).

More than four in ten St. Albans adults lives in a home making \$50,000 or more annually, while about a quarter make less than \$25,000 annually.

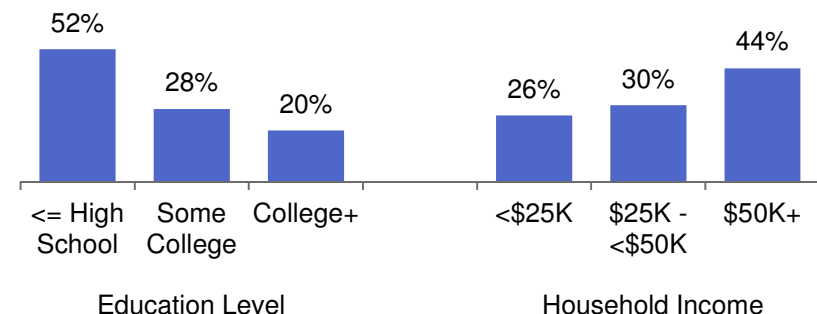
- There are no statistical differences between St. Albans adults and Vermont adults overall by annual income level.

Five percent of adults in the St. Albans area and Vermont adults overall report being a racial or ethnic minority.

**St. Albans Residents
by Gender and Age**



**St. Albans Residents
by Socio-Economic Status**



*See page 27 for a list of the towns included in the St. Albans Health District.

Demographics of St. Albans Health District

More than six in ten St. Albans adult residents are currently employed, while one in six is retired. Eleven percent said they are a student or homemaker, and six percent or fewer each said they are unable to work or unemployed.

- St. Albans adults reported a similar employment distribution to Vermont adults overall.

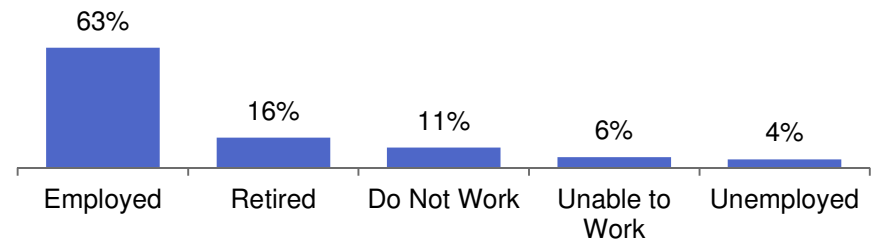
More than half of St. Albans adults are married. About a quarter have never married, while eleven percent are divorced. Six percent or fewer each are widowed or part of an unmarried couple.

- Adults in the St. Albans area reported similar rates by marital status, as compared with Vermont adults overall.

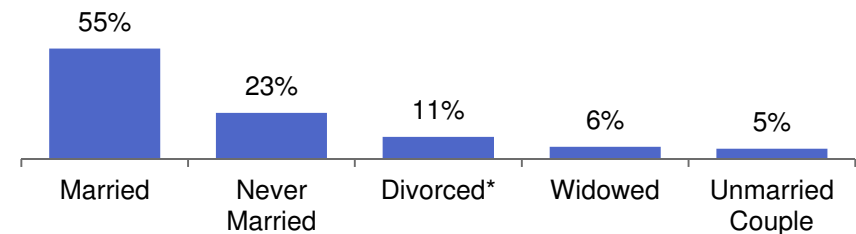
Two-thirds of adults in the St. Albans area said there are no children less than 18 in their home. Eight percent reported having three or more children.

- The number of children in the home reported by St. Albans area adults was similar to that for Vermont overall.

**St. Albans Residents
by Employment Status**

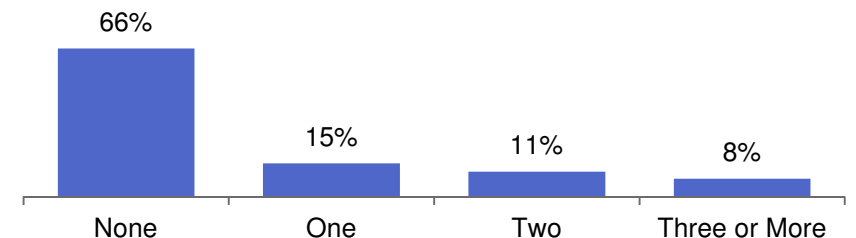


**St. Albans Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**St. Albans Residents
by Children in Household**

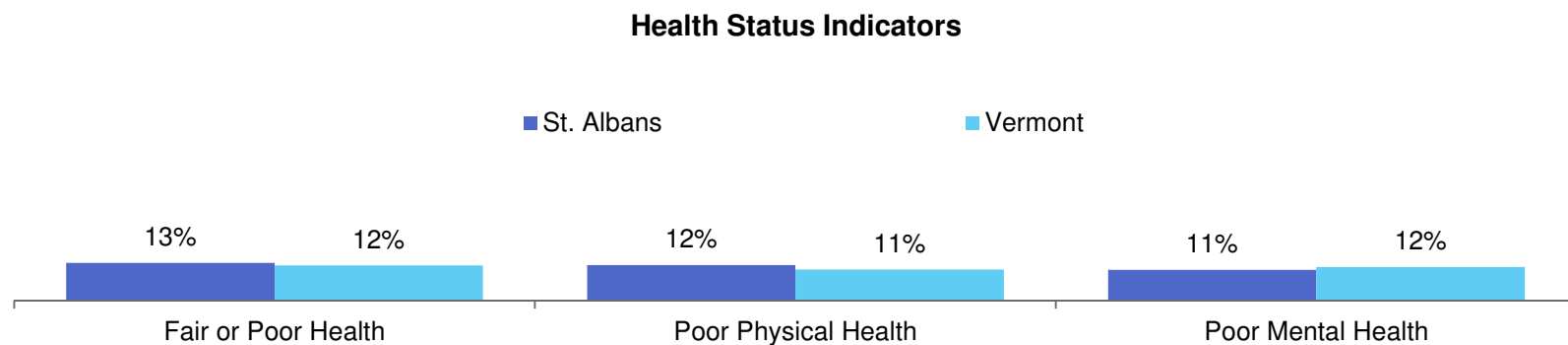


Health Status Indicators

In 2011-2012, one in eight St. Albans area adults reported being in fair or poor general health. Similar proportions reported having poor physical health and poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing St. Albans area adults and Vermont adults overall.



Health Status Indicators

There are no statistical differences by gender, among St. Albans area adults, regardless of the health status measure.

Among St. Albans adults, the reporting of fair or poor general health and poor physical health increase with age.

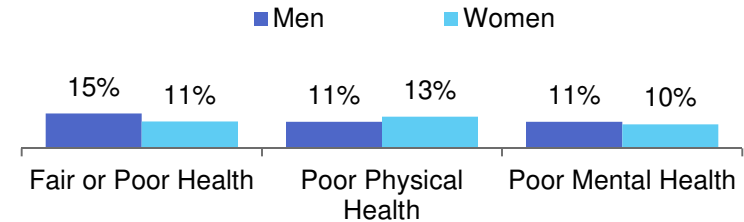
- Adults 65 and older are significantly more likely to report fair or poor general health compared with those 18-44 (23% vs. 8%).
- Differences in poor physical health by age are not statistically significant.

Poor mental health is significantly lower among those 65 and older compared with those 45-64 (4% vs. 13%).

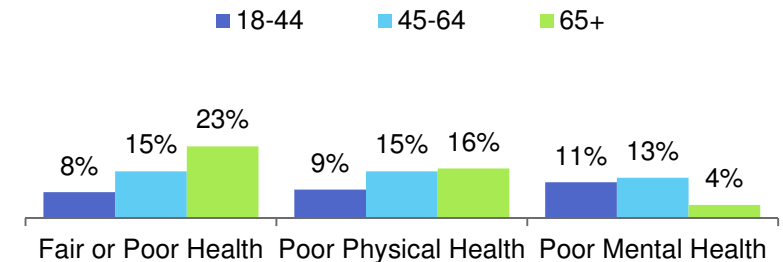
Poor health, regardless of the indicator, among St. Albans area adults is highest among those with the lowest annual household income.

- Adults in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health and poor mental health than those in homes making \$25,000 or more.
- There are no differences, statistically, in poor physical health by annual household income level.

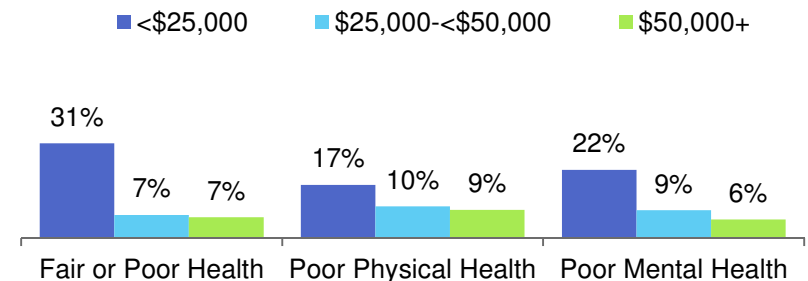
Health Status Indicators by Gender
St. Albans Adults



Health Status Indicators by Age



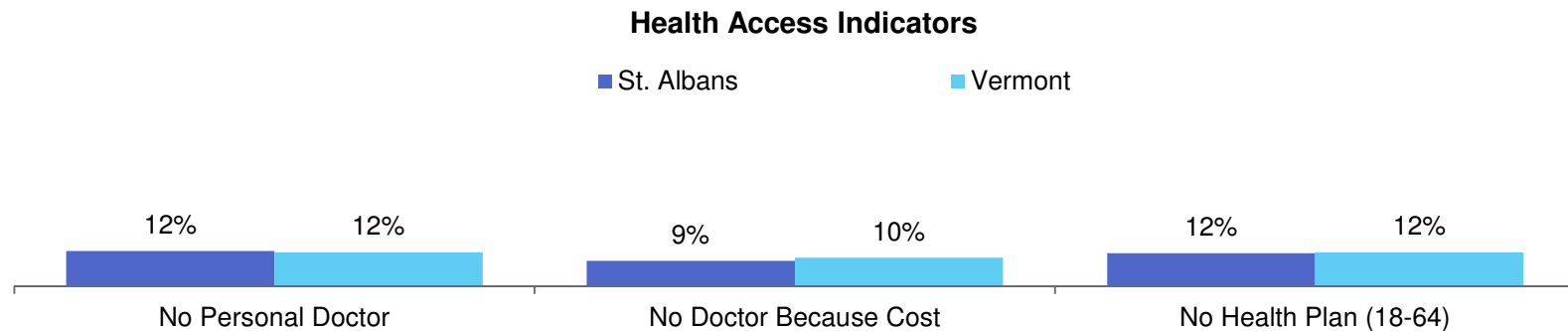
Health Status Indicators by Income Level



Health Access Indicators

In 2011-2012, about one in eight adults in the St. Albans area said they do not have a personal doctor for health care. Fewer, one in eleven said they needed care in the last year but did not seek it due to the cost. Among St. Albans area adults ages 18-64, twelve percent also said they do not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing St. Albans area adults and Vermonters overall.



Health Access Indicators

There are no significant differences by gender, among St. Albans area adults, for any health access indicator.

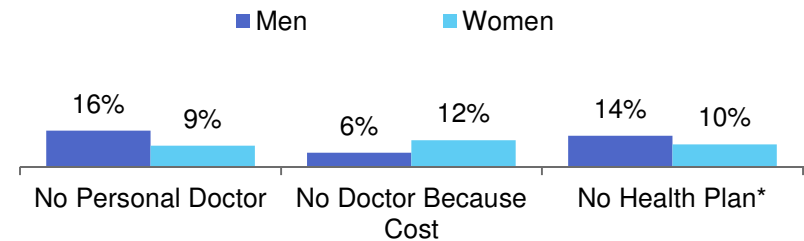
Poor health care access decreases with increasing age.

- All differences by age are statistically significant for not having a primary care provider.
- There are no statistical differences in delaying care and not having a health plan by age.

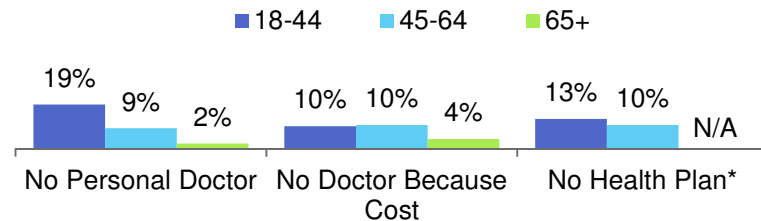
Adults in the St. Albans area who have higher annual household incomes are less likely to report poor health care access, regardless of the indicator.

- Adults living in homes with the highest incomes, \$50,000 or more, are significantly less likely to delay care and not have a health plan, compared with those in homes with less income.
- There are no statistical differences in not having a personal health care provider by annual household income level.

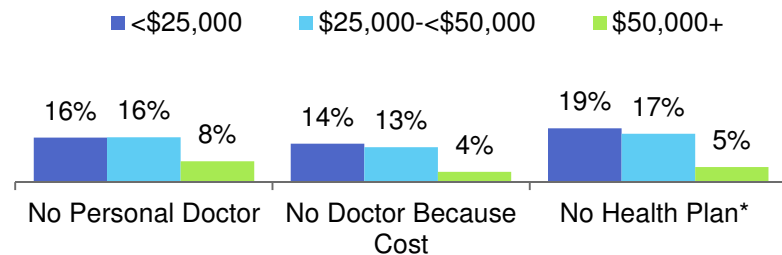
**Health Access Indicators by Gender
St. Albans Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Less than a quarter of Vermont adults reported having a disability (21%) in 2012. This is similar to the 22% reported among adults in the St. Albans area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the St. Albans area report being disabled at the statistically similar rates.

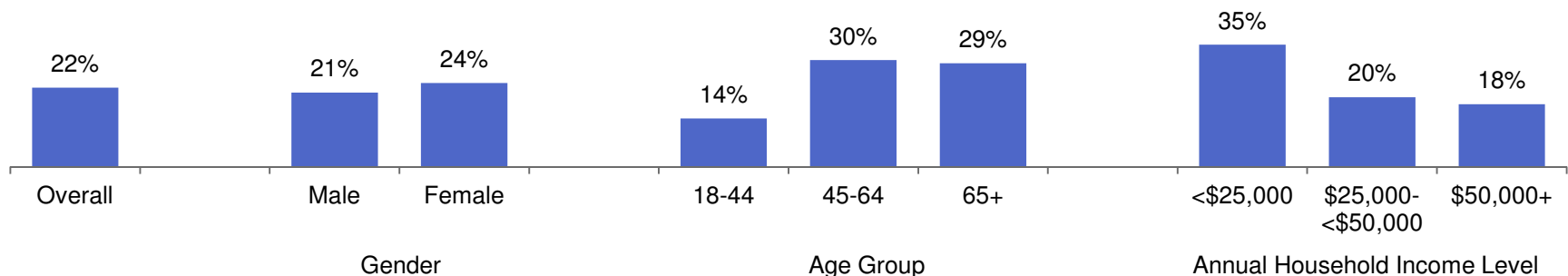
Reported disability among St. Albans area residents is highest among older adults.

- Adults 45 and older are significantly more likely than those 18-44 to report a disability.

St. Albans area adults with low annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 per year are significantly more likely than those making \$25,000 or more to report a disability.

**Disability, Overall and by Sub-groups
St. Albans Adults**



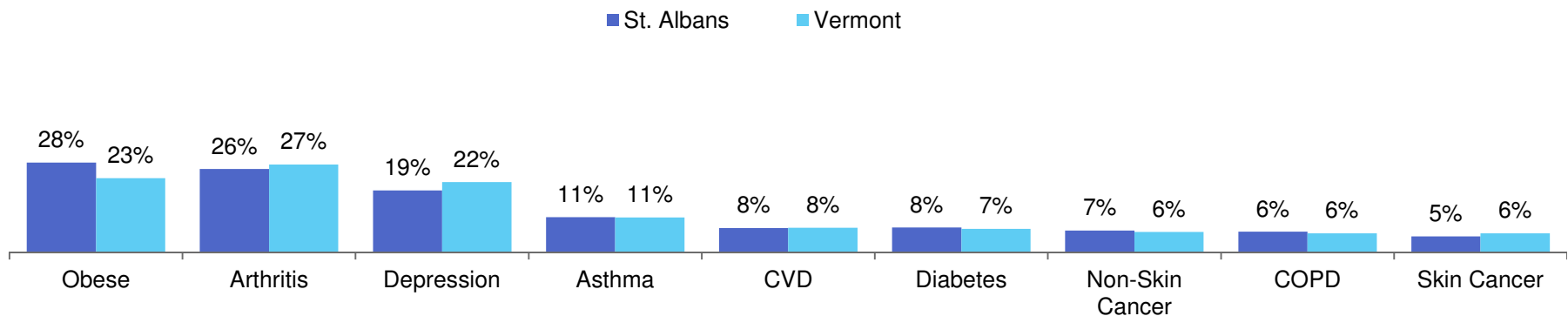
Chronic Conditions

More than a quarter of St. Albans adults, ages 20 and older, reported being obese. Slightly fewer, 26%, said they have ever been diagnosed with arthritis. About one in five have ever been diagnosed with a depressive disorder.

One in nine St. Albans adults has been diagnosed with asthma. One in twelve have each been diagnosed with cardiovascular disease and diabetes. Seven percent or fewer each reported ever being diagnosed with a non-skin skin cancer, chronic obstructive pulmonary disease (COPD), and skin cancer.

There are no statistical differences in any chronic disease prevalence among St. Albans area adults compared with Vermont adults overall.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease.

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

There are no statistical differences in the prevalence of arthritis, depressive disorders, obesity, and asthma by gender among St. Albans area adults.

Arthritis prevalence among St. Albans adults increases with increasing age.

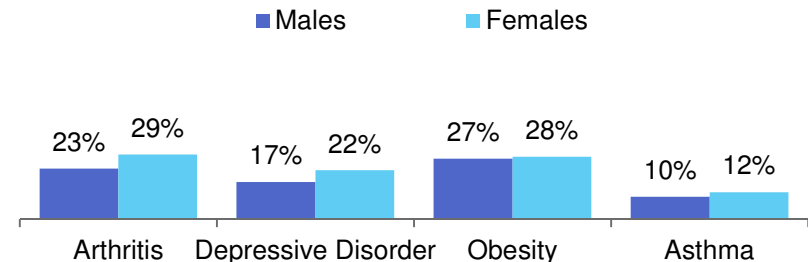
- All differences by age are statistically significant.

There are no differences in depressive disorders, obesity, and asthma by age.

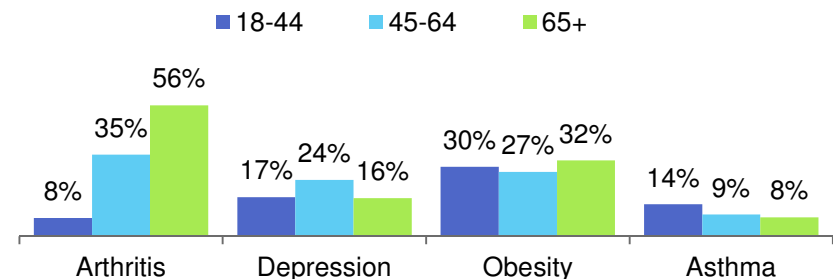
The prevalence of arthritis, depressive disorders, obesity, and asthma among St. Albans adults are all highest among those in homes with the lowest annual income.

- Arthritis prevalence is significantly higher among those in homes making less than \$25,000 compared to those in homes making \$50,000 or more (37% vs. 18%).
- Prevalence of depressive disorders is significantly higher among those making less than \$25,000 per year compared to those with more income.
- Differences by annual household income are not statistically significant for the prevalence of obesity or asthma.

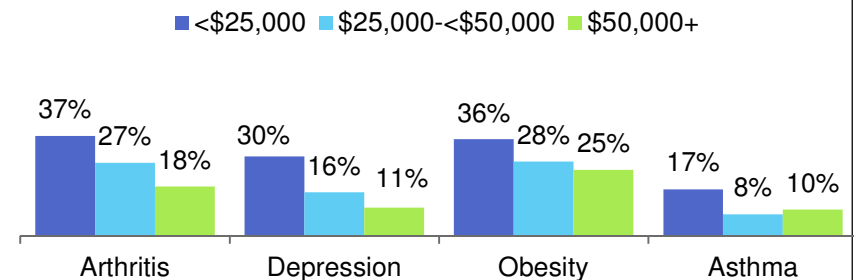
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, and COPD.

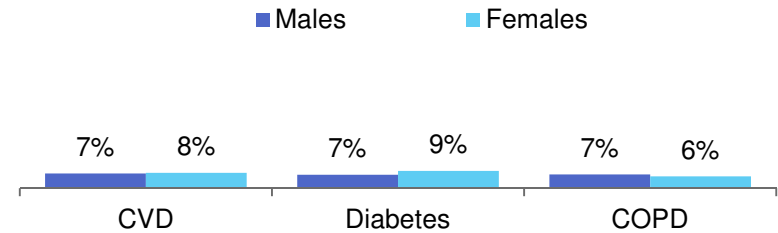
Reported cardiovascular disease, diabetes and COPD among St. Albans area adults all increase as age increases.

- All differences by age for cardiovascular disease and diabetes are statistically significant.
- St. Albans adults 65 and older are significantly more likely to report COPD than those 18-44 (11% vs. 3%).

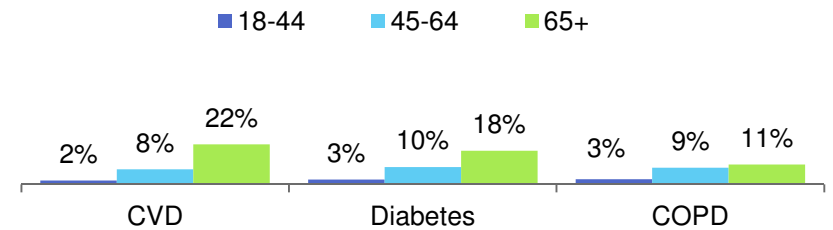
The prevalence of cardiovascular disease, diabetes, and COPD all decrease as annual household income increases.

- Adults in homes making \$50,000 or more per year are significantly less likely than those in homes making \$25,000 or less to report cardiovascular disease, diabetes, and COPD.

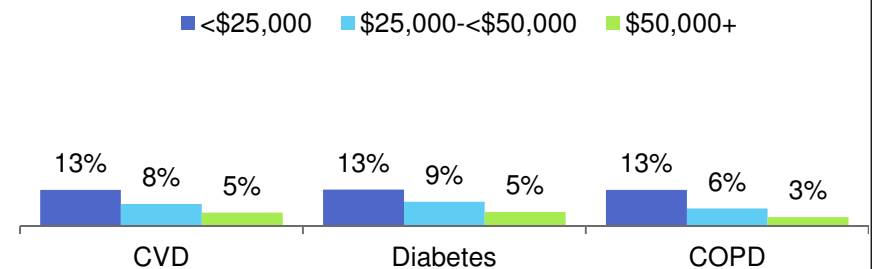
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Chronic Conditions

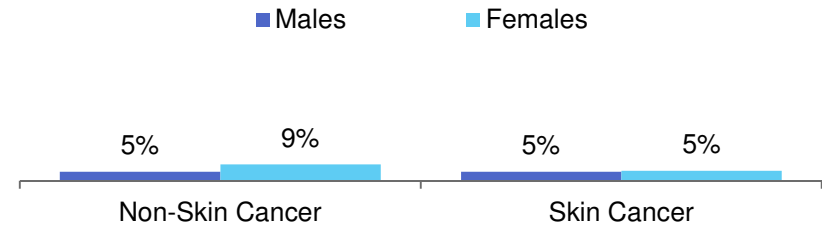
Among St. Albans adults, there are no statistical differences by gender in the prevalence of non-skin cancer or skin cancer.

Reported skin cancer and non-skin cancer increase with increasing age, among St. Albans adults.

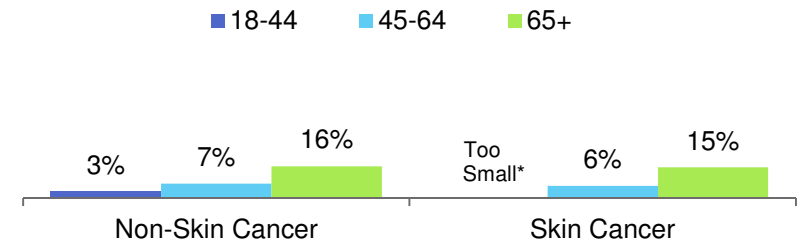
- Adults 65 and older are significantly more likely than those 18-64 to report ever having a non-skin cancer.
- Those 65 and older are also significantly more likely than those 45-64 to have had skin cancer.

There are no statistical differences by annual household income level in the prevalence of skin and non-skin cancers.

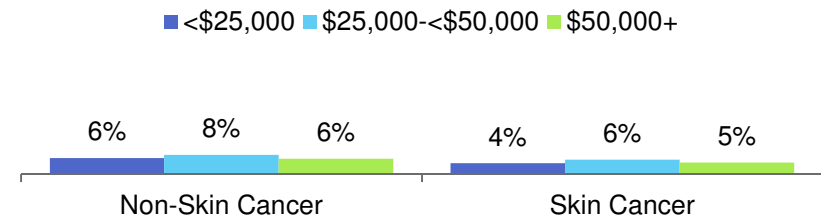
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

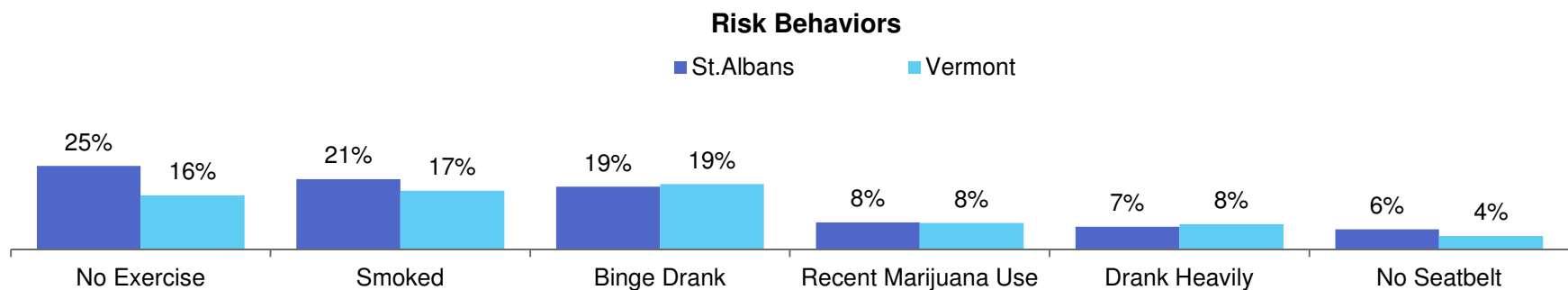
Risk Behaviors

In 2011-2012, St. Albans adults were significantly more likely than Vermont adults overall to report not participating in any physical activity during the past month (25% vs. 16%).

About one in five (21%) St. Albans adults reported being a current smoker, statistically similar to the 17% among Vermont adults. Among smokers, less than half (46%) tried to quit in the last year. This is similar to the 62% reported among Vermont smokers.

St. Albans area adults and Vermont adults overall reported similar rates of binge drinking (19% for both), recent marijuana use (8% for both), heavy drinking (7% vs. 8%), and seldom or never wearing a seatbelt (6% vs. 4%).

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population.

Risk Behaviors

There are no statistically significant differences by gender, among St. Albans area adults, in smoking and not participating in physical activity.

Among adults in the St. Albans area, smoking rates decrease with increasing age.

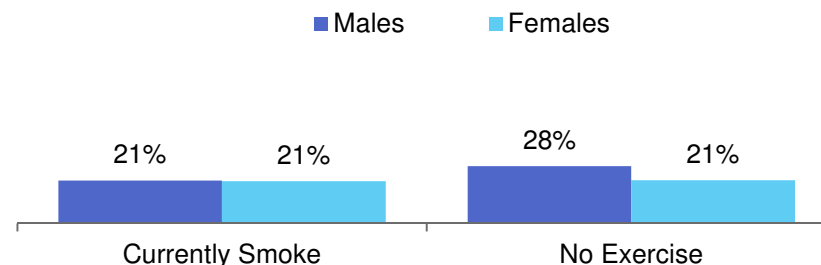
- Adults 65 and older are significantly less likely than those 18-64 to report smoking.

Conversely, not participating in physical activity increases with increasing age. However, none of the differences by age are statistically significant.

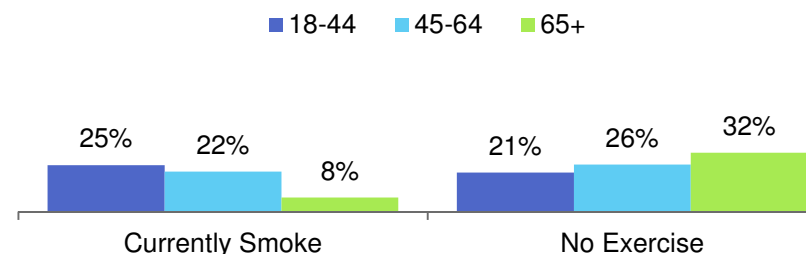
St. Albans area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely than those with less income to smoke and not participate in physical activity.

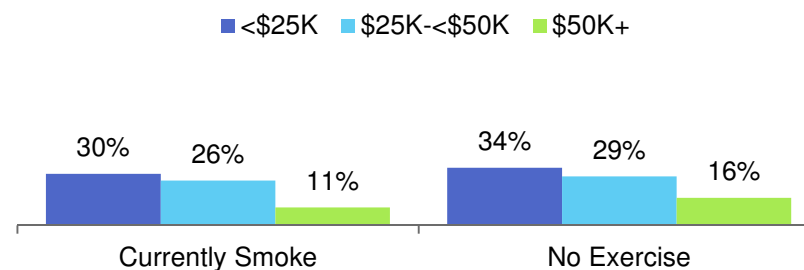
**Risk Behaviors by Gender
St. Albans Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

A quarter of men in the St. Albans area said they binge drank in the last month. This is significantly higher than the 13% reported among women.

There are no statistical differences by gender in rates of heavy drinking and recent marijuana use.

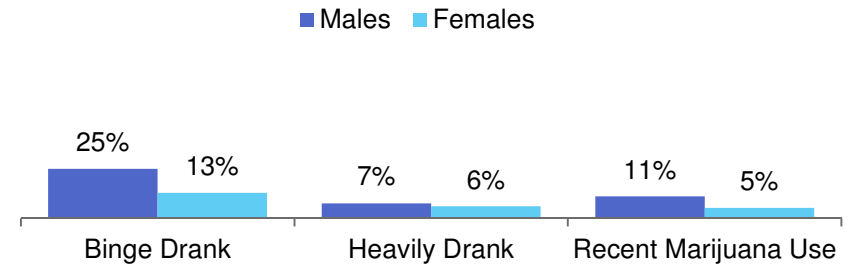
Binge and heavy drinking rates are lowest among older adults.

- All differences in binge drinking by age are statistically significant.
- Adults 65 and older are significantly less likely than those 45-64 to report heavy drinking.

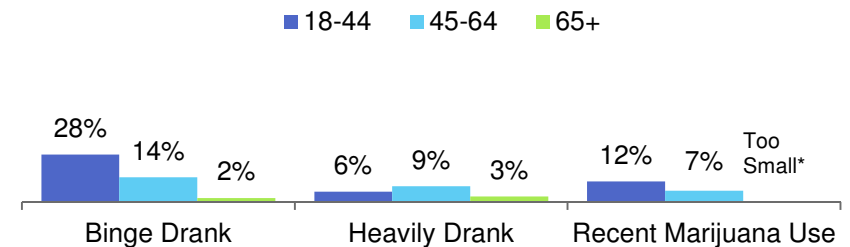
Recent marijuana use does not vary significantly by age.

There are no statistical differences in binge or heavy drinking and recent marijuana use, by annual household income level.

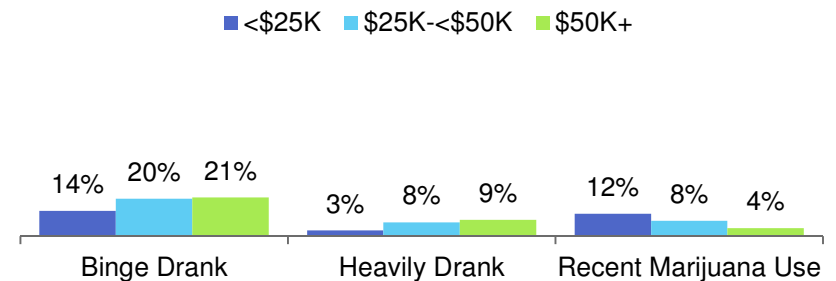
**Risk Behaviors by Gender
St. Albans Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report.

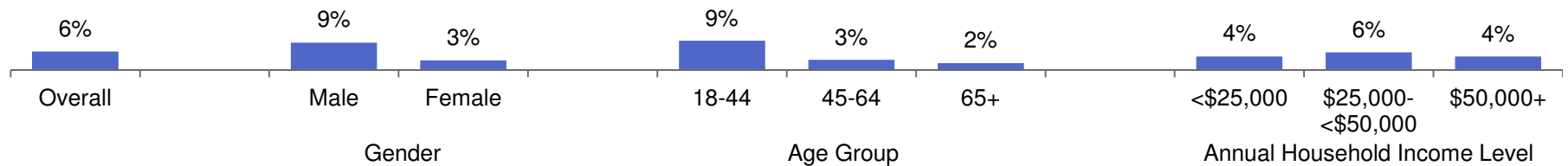
Risk Behaviors

Overall, approximately one in fifteen (6%) adults in the St. Albans area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults overall who reported the same.

St. Albans area men and women never or seldom wear seatbelts at statistically similar rates.

Adult non-use of seatbelts in the St. Albans area also does not differ by age or annual household income level.

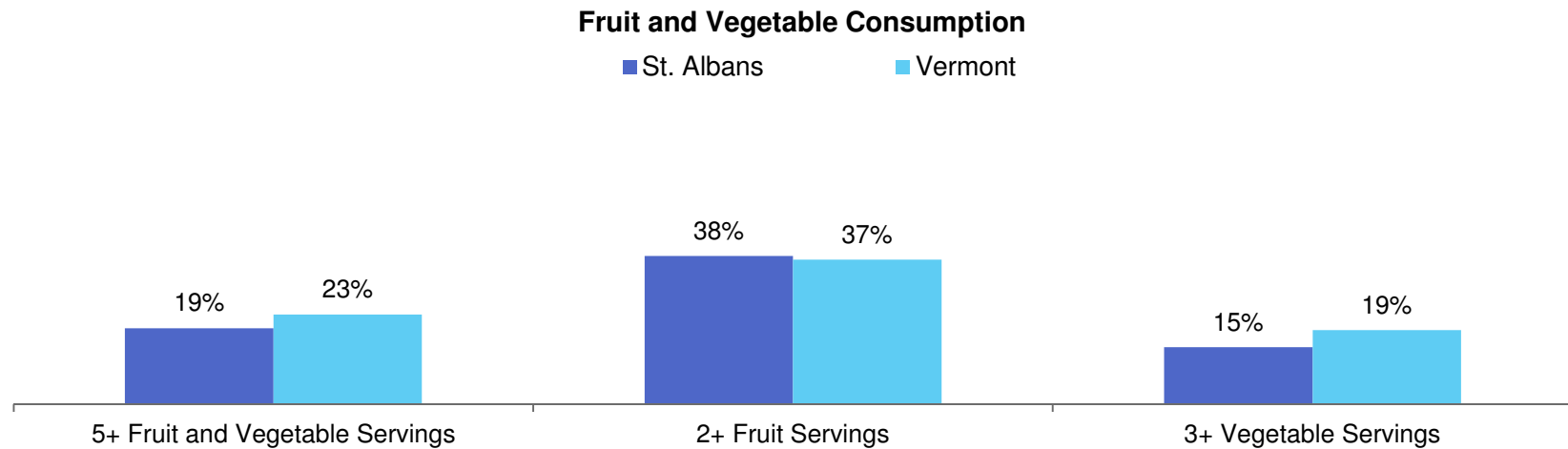
**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
St. Albans Adults**



Preventive Behaviors

In 2011, one in five St. Albans area adults reported eating the recommended five or more fruit and vegetable servings per day. Nearly four in ten ate two or more fruits and 15% reported eating three or more vegetable servings.

St. Albans area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults overall.



Preventive Behaviors

Women in the St. Albans area eat more fruits and vegetables than men.

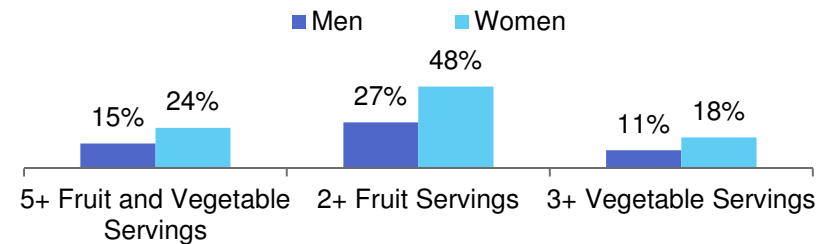
- Nearly half of women ate two or more servings of fruits per day, significantly higher than the 27% among men.
- Differences are not significant by gender in the consumption of three or more vegetables and five or more fruit and vegetable servings.

Among St. Albans area adults, there are no differences in fruit and vegetable consumption by age.

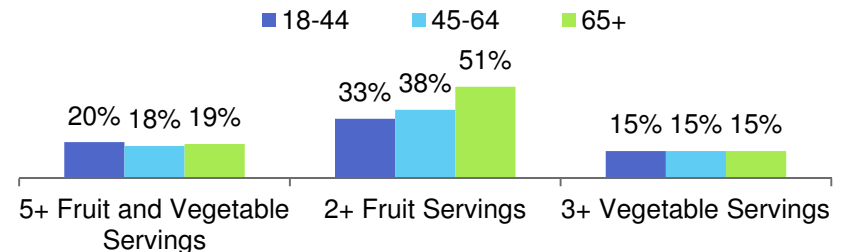
Consumption of fruits and vegetables is highest among those with the most income.

- Adults in homes making \$50,000 or more per year are significantly more likely than those making \$25,000 to \$49,999 to report eating two or more fruits per day (54% vs. 25%).
- There are no statistical differences in the consumption of three or more vegetables or five or more fruits and vegetables by annual household income level.

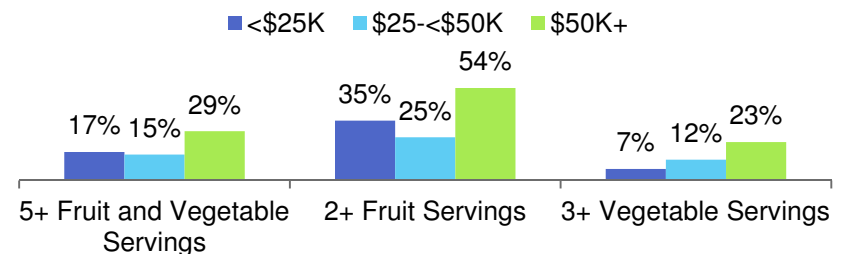
**Preventive Behaviors by Gender
St. Albans Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: fruit and vegetable data, except that by age, are age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

In 2011, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 52% reported among St. Albans area adults.

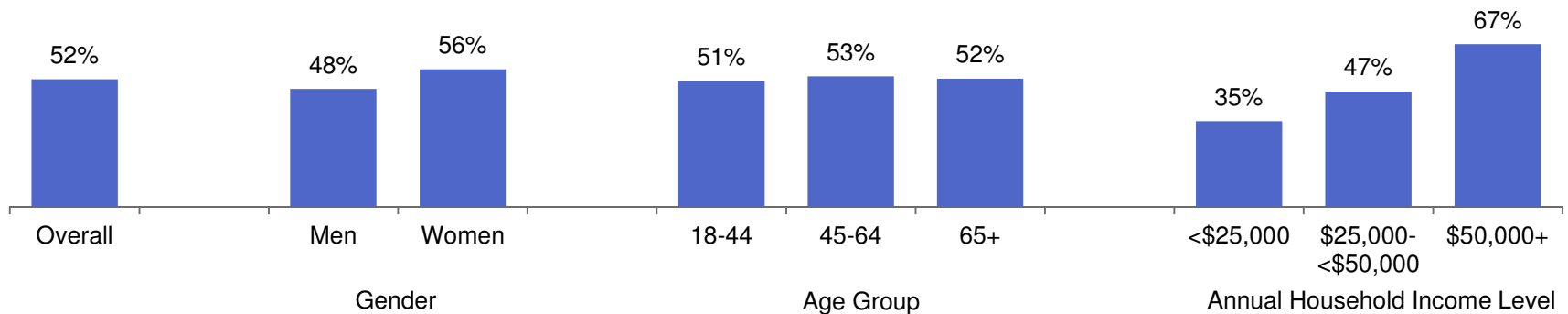
Men and women in the St. Albans area reported meeting physical activity recommendations at statistically similar rates, 48% for men and 56% for women.

Among St. Albans adults, there are no differences in meeting physical activity recommendations by age.

Meeting physical activity recommendations increases with annual household income level.

- Adults in homes making \$50,000 or more annually are significantly more likely to meet physical activity recommendations, compared with those in homes with less income.

**Met Physical Activity Recommendations, Overall and by Sub-groups
St. Albans Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

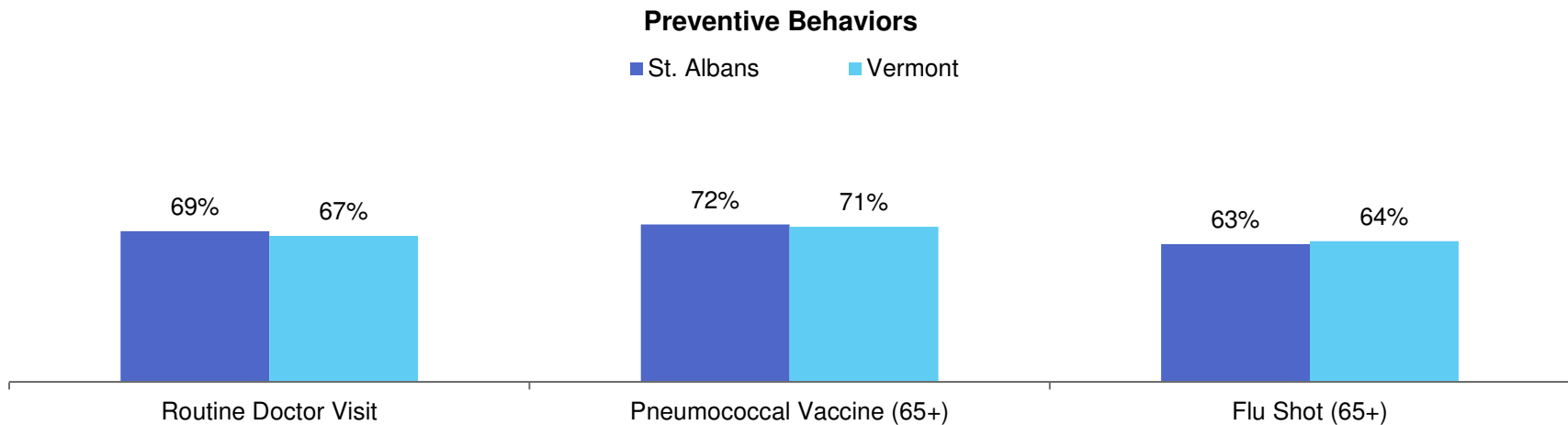
www.cdc.gov/physicalactivity/everyone/guidelines/index.html

Preventive Behaviors

More than two-thirds (69%) of adults in the St. Albans area said they saw their doctor for a routine visit in the previous year. This was similar to the 67% reported among all Vermont adults.

Less than three-quarters (72%) of St. Albans area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 63% reported getting a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to St. Albans adults, 71% and 64%, respectively.



Preventive Behaviors

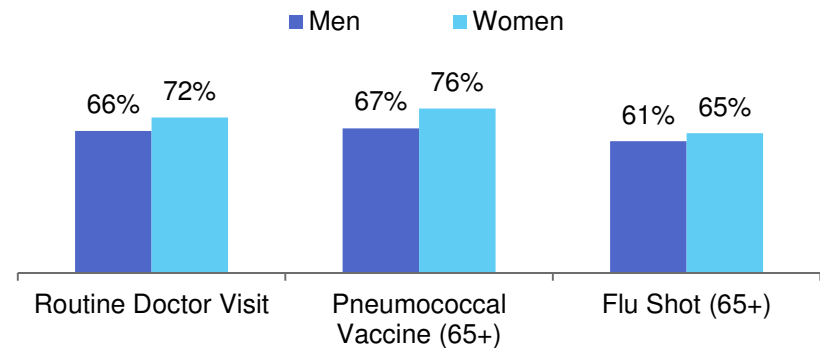
There are no statistical differences by gender among St. Albans area adults in routine visits to the doctor. Likewise, among adults 65 and older, there are also no differences in receipt of the pneumococcal vaccine and annual flu shots.

Routine visits to the doctor in the last year increase with age.

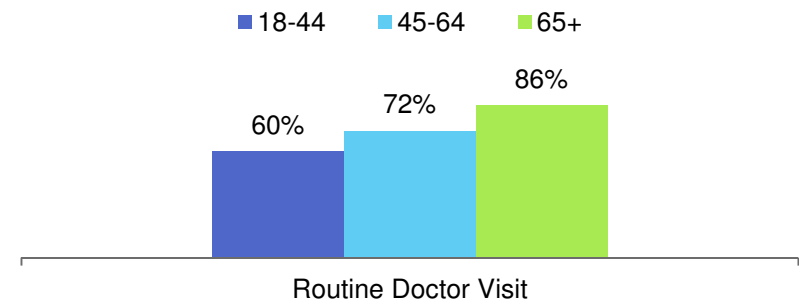
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences by annual household income level in routine doctor visits, pneumococcal vaccines, and flu shots.

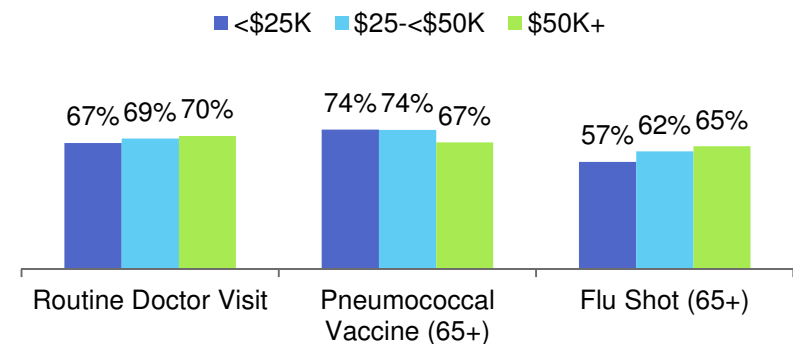
Preventive Behaviors by Gender
St. Albans Adults



Preventive Behaviors by Age



Preventive Behaviors by Income Level



HIV Screening

In 2011-2012, three in ten St. Albans area adults had ever been tested for HIV, the same as reported among Vermont adults overall.

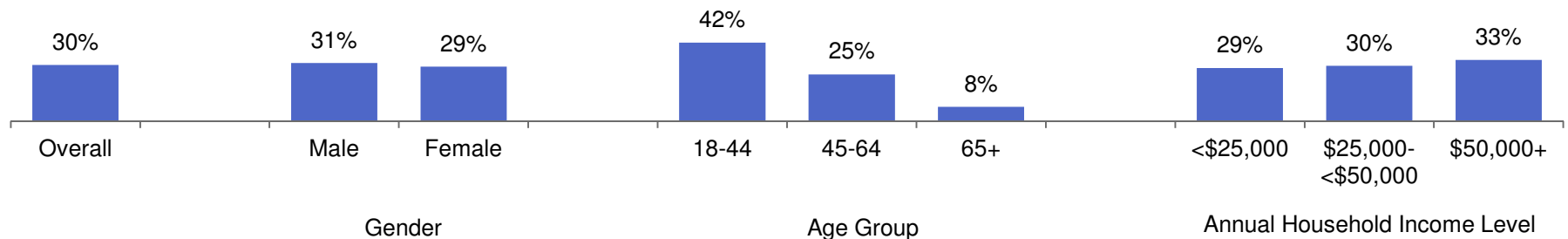
Men and women in the St. Albans area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no statistical differences, among adults in the St. Albans area, in HIV testing by annual household income level.

**Ever Had HIV Test, Overall and by Sub-Groups
St. Albans Adults**



Cancer Screening

In 2012, more than three quarters (78%) of women ages 50-74 in the St. Albans area reported meeting breast cancer screening recommendations. This is similar to the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

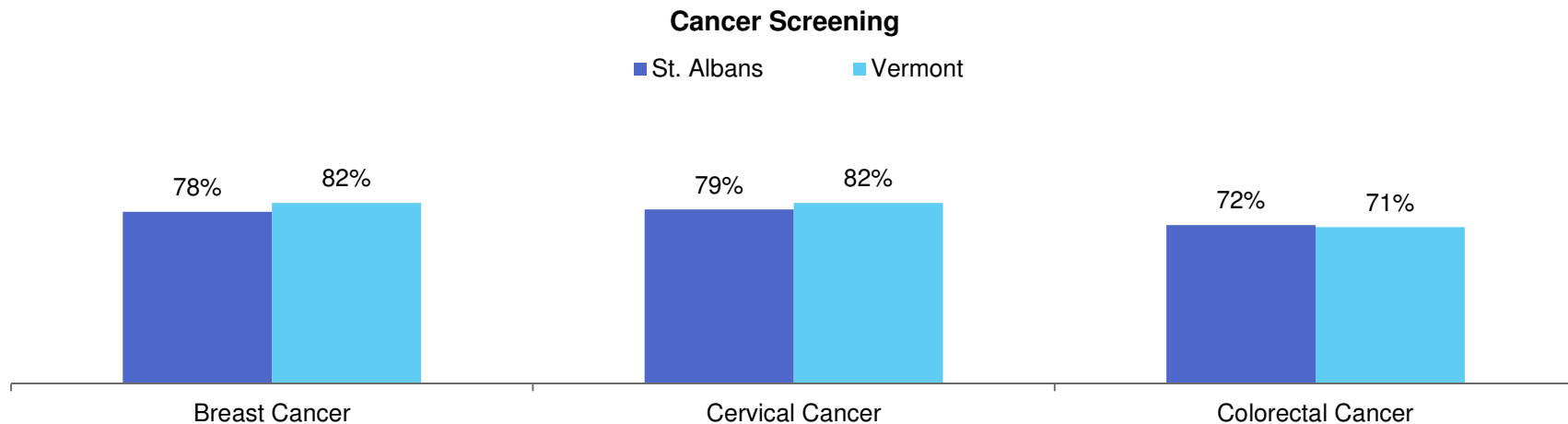
Seventy-nine percent of women 21 and older who live in the St. Albans area met cervical cancer recommendations, statistically similar to the 82% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the St. Albans area, less than three-quarters (72%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



Community Safety and Resources

Half of St. Albans area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). As compared with Vermont adults overall, those living in the St. Albans area are significantly less likely to use community resources for physical activity (58% vs. 50%).

Men and women in the St. Albans area use physical activity community resources at similar rates.

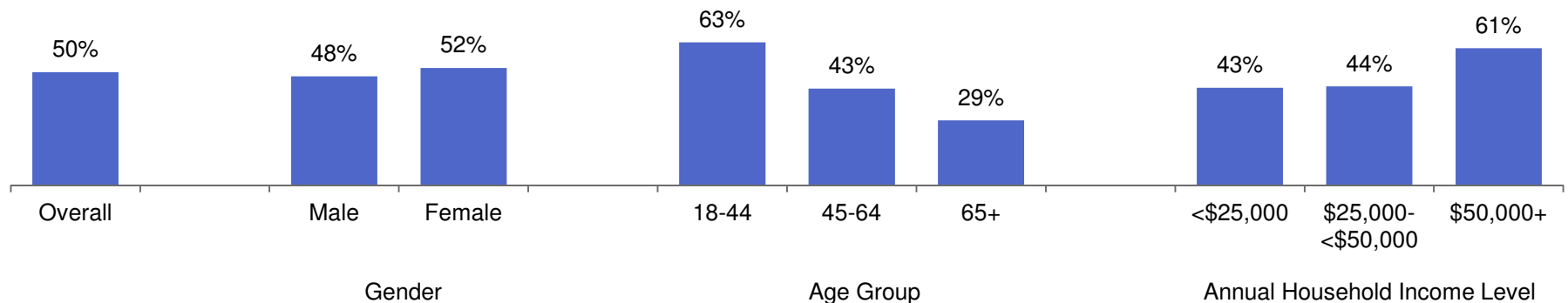
Use of community resources for physical activity decreases with increasing age.

- All differences, among St. Albans adults, are significant by age.

St. Albans area adults' use of community resources for physical activity is highest among those with the most income.

- Adults in homes making \$50,000 or more annually are significantly more likely to use community resources for physical activity than those in homes with less income.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups
St. Albans Adults**



Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the St. Albans Health District are: Bakersfield, Berkshire, Enosburg, Fairfax, Fairfield, Fletcher, Franklin, Georgia, Highgate, Montgomery, Richford, Sheldon, St. Albans City, St. Albans Town, Swanton, Alburgh, Grand Isle, Isle La Motte, North Hero, South Hero.